

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>	69861	4/10
O.I.P.E. CLASSIFIER		43	4/13/99
FORMALITY REVIEW	<i>VB</i>	71480	4/19/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date						
Final	Original	1	2	3	4	5	6
1	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓	✓	✓
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Claim	Date						
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Claim	Date						
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If more than 150 claims or 10 actions
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